

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	09/832,753
	Filing Date	10 Apr 2001
	First Named Inventor	Topolovac, Michael
	Group Art Unit	2162
	Examiner Name	Cam Y. T. Truong
	Attorney Docket Number	OPEN-001

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Being paid (EFS/Credit card)	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	/Dov Rosenfeld/ #38687
Date	July 10, 2006

## ADDRESS FOR CORRESPONDENCE

Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Topolovac, *et al.*

Application No.: 09/832,753

Filed: April 10, 2001

Title: SYSTEM AND METHOD FOR  
MANAGING DATA IN MULTIPLE BILLS  
OF MATERIAL OVER A NETWORK

Group Art Unit: 2162

Examiner: Cam Y. T. Truong

**TRANSMITTAL: RESPONSE TO OFFICE ACTION (AFTER FINAL)**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response **(after final)** to an office action for the above referenced application. Included with the response are:

drawing(s);

Request for Continued Examination (RCE) under 37 CFR 1.114, and associated fee;

This application has:

a small entity status. If a claim for such status has not earlier been made, consider this as a claim for small entity status.

No additional fee is required.

Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of:

- |   |  |
|---|--|
| <input type="checkbox"/> one months (\$55)    | <input type="checkbox"/> two months (\$205)  |
| <input type="checkbox"/> three months (\$465) | <input type="checkbox"/> four months (\$725) |

If an additional extension of time is required, please consider this as a petition therefor.

A credit card payment form for the required fee(s) is attached.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

- Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.  
 Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

July 10, 2006  
Date

/Dov Rosenfeld/ #38687  
Dov Rosenfeld, Reg. No. 38687

Address for correspondence:  
Dov Rosenfeld  
5507 College Avenue, Suite 2,  
Oakland, CA 94618  
Tel. 510-547-3378; Fax: +1-510-291-2985

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